Practicalising Policy to control Population

3720. SHRI M.N. DAS:
SHRI NANA DESHMUKH:
SHRI C.M. IBRAHIM:
SHRI GHULAM NABIAZAD.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are prepared to implement effective policies to control the population explosion;

(b) if so, whether some policies can be made realistic and practical when put to operation; and

(c) whether Government would make a new law providing five per cent preference in all Government jobs including IAS and IPS to those applicants who submit the certificate that he is the only child of his parents?

THE MINISTER OF STATE OF THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) The National Population ((NPP), 2000 has been approved by the Government during February, 2000 and has been laid on the Table of Rajya Sabha on 7th March, 2000. Government is serious about implementing an effective policy to stabilize population. The policy envisages setting up of the following new structures for more effective review of implementation:

(i) National Commission on Population.
(ii) State/UT Commission on Population.
(iii) Coordination Cell in the Planning Commission and
(iv) Technology Mission in the Department of Family Welfare.

(b) The policy lays down 14 National Socio-demographic goals to be achieved. These are:

(1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.

(2) Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary shcool levels to below 20 percent for both boys and girls.

(3) Reduce infant mortality rate to below 30 per 1000 live briths.

(4) Reduce maternal mortality ratio to below 100 per 100,000 live births.

(5) Achieve universal immunisation of children against all vaccine preventable diseass.

(6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

(7) Achieve 80 percent institutional deliveries and 100 percent deliveries by trainef persons.

(8) Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.

(9) Achieve 100 per cent registration of births, deaths, marriage and pregnancy.

(10) Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive trace infection (RTI) and sexuallytransmitted infractions (STI) and the National AIDS Control Organisation.

(11) Prevent and control communicable diseases.

(12) Integrate Indian System of Medicines (ISM) in the provison of reproductive and child health services, and in reaching out to households.

(13) Promote vigorously the small family to achieve replacement levels of TFR.

(14) Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centred program.

In addition, Policy gives Action Plan for each of the strategies mentioned in the document. These action plans lead to several programs and projects towards effective implementation of the strategies.

These strategies are:

(1) Decentralized planning and program implementation.
(2) Convergence of service delivery at village levels.
(3) Empowering women for improved health and nutrition.
(4) Child Survival and Child Health.

(5) Meeting the unment needs for family welfare services.

(6) Under-served population groups:
Uban slums;
Tribal communities, hill area population and desplaced and migrant populations;
Adolescents;
Increased participation of men in planned parenthood.

(7) Diverse health care providers.

(8) Collaboration with and commitments from non-government organizations and the private sector.

(9) Mainstreaming Indian Systems of Medicine and Homeopathy.

(10) Contraceptive technology and research on reproductive and child health.

(11) Providing for the Older Population.

(12) Information, Education and Communication.

(c) There is no proposal to introduce legislation to provide 5 percent preference in Government jobs, including IAS and IPs to those applicaant who submit the certificate that he is the only child of his parents.

Increase in Cancer Cases

3721. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increase in cancer cases in the country; if so, the position in this regard, State-wise; and

(b) the remedial action taken or proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) There is a small increase in the overall incidence rate of cancer as per the population based cancer registries at Mumbai, Bangalore and Chennai under the National Cancer Registry Programme of ICMR. State-wise data is not available.